

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

Complete this report in duplicate at the time of the regular monthly preventative Send copy to Department of Health and Senior Services; retain original in depart.

By Carol Day at 4:04 pm, Aug 03, 2015

ALCO SENSOR IV SN 108262	PRINTER SN 099.3586.831			DATE OF 1 07/31/2	NSPECTION 2015		
LOCATION OF INSTRUMENT (STREET AND CITY) 600 EAST WALNUT COLUMBIA, MISSOURI			TIME OF II 5:41 p	NSPECTION M			
CHECKLIST: Place a mark in the box by each	item if found to be sat	isfactory or if operati	ing within establ	ished limit	ts. (Write in	bserve	d val-
ues where determined.) Unmarked items must	be corrected before u	sing instrument.					
DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)							
TEMPERATURE OF ALCO SENSOR (10°	°C - 40°C)						
PRINTER WORKING PROPERLY							
☑ TIME AND DATE DISPLAYING PROPERI	_Y						
BREATH ALCOHOL ACCURACY STANDARD	DS						
SIMULATOR SOLUTION		☑ COMPRESSE	ED ETHANOL-G	AS MIXT	URE		
STANDARD SUPPLIER INTOXIMETER	S INC.	OT # AG505101	EXP. DATE	02/20/2	017	1	
SIMULATOR TEMPERATURE (34°C ± 0.2	2°C) SIM	ULATOR SN	SIMU	LATOR E	XP DATE_		
CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE							
TEST 1 .098			TEST 3 .098				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)							
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	0	(OVER .19)	, 0)
List any new parts and describe any alteration established limits (use other side if necessary) RESET TIME		vas made to restore	the instrument	to operat	e satisfactor	ily and	within
INSPECTING OFFICER			Pi-				
SIGNATURE TO 28	9		SCOTT LEN	IGER			
TYPE II PERMIT NUMBER/EXPIRATION DATE 240278 / 06/13/2016			(573) 874-76				
2875 Jame	ohol Program, MO De es Boulevard ff, MO 63901	partment of Health a	and Senior Servi	ces, Sout	heast Distric	t Office	



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 23-Feb-2015

Lot # AG505101

Exp. Date

Cyl. Type

Component

Certified Concentration

20-Feb-2017

108

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u> EB0010581	Concentration 391.8 ppm	<u>Serial No.</u> EB0010603	Concentration 392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2015.02.23 15:38:13 - 06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Margala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

		erial no:	no: 1 532B	08262
	TEST	RECO	RD 00	162 9/
Ter	ie P	Date	Time	2101
Cal	ibra	31/15 tion	17:57 Check: 17:57	
Sub		Name TEST	#/	
Sub		I.D.		
		Lewi		1 7098

AS IV Serial no: 108262
Version no: 532B

TEST RECORD 00163

Jemp Date Time 210L

Air Blank: 07/31/15 17:58 .000
Calibration Check: 24 07/31/15 17:58 .098

Subject Name

Test #2

Subject I.D.

Operator Name, I.D.

Cort Lewer # 2098

Location

CPD

1,189262
NS IV Serial no: 108262 Dersion no: 532B
TEST RECORD 00164
Temp Date Time 210L
Air Blank: 17:59 .000
Calibration Check: 25 07/31/15 17:59 .098
Subject Name TEST#3
Subject I.D.
7 D
SCOTT LENGER 42040
Location CPD

AS IV Serial no: 108262 Version no: 532B
TEST RECORD 00165
Temp Date Time 210L
UOID: RFI 12 07/31/15 18:00
Subject Name OFT OFT OFT OFT OFT OFT OFT OF
Subject I.D.
Dearator Name, I.D.
SCOTT LEWICK # 2098
Location